

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Southwest Ambulance Service of Southeastern Arizona, Inc. CON No.: 63
DBA (Doing Business As): Southwest Ambulance of Safford Phone: (800) 352-2309
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2014 To: December 31, 2014
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Vice President

Date: _____

6-29-15

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	0	0	1,439	1,439
02	Number of BLS Billable Transports:	0	0	1,014	1,014
03	Number of Loaded Billable Miles:	0	0	86,543	86,543
04	Waiting Time (Hr. & Min.):	0.0	0.0	0.0	0.0
05	Cancelled (Non-billable) Runs:				959 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$4,605,202</u>
Less:			
02	AHCCCS Settlement.....		(\$909,231)
03	Medicare Settlement.....		(\$680,235)
04	Contractual Discounts.....	Pg 7 Ln 22	\$0
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$1,589,466)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$3,015,736</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$3,015,736</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$1,203,737
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$1,070,840
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$127,199
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$54,881
15	Other Operating Expenses.....	Pg 6 Ln 28	\$229,476
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$145,262
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$2,831,394</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$184,341</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$28,605
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$8
23	Total Other Revenue/Expenses.....		<u>\$28,605</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$212,946</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		\$72,402
26	State Income Tax.....		\$14,906
27	Total Income Tax.....	JUN 29 2015	<u>\$87,308</u>
28	Ambulance Service - Net income (Loss)		<u>\$125,638</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:		
22.1	Contributions and Penalties	\$8
22.2		
22.3		
22.4		
22.5		
22.6		
22.7		
22	Total.....Page 2, Non-Deductible Expenses	\$8

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	1,439	=	\$ 2,094,900
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	1,014	=	\$ 1,476,284
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	86,543	=	\$ 1,034,017
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	0.0	=	\$ -
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 0
6	Nurses Charges		\$ 0
7	Total		\$ 4,605,202
8	Standby Revenue (Attach Schedule)		\$ -
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		\$ 4,605,202

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	
14	Less Inventory at End of Year	N/A
15	Cost of Goods Sold (To Page 2, Line 14)	\$ 54,881 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Benifits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		1.4	\$74,226
06	Payroll Taxes.....			\$5,935
07	Employee Benifits.....			\$9,997
08	Total.....		1.4	\$90,157
Gross Wages - AMBULANCE PERSONNEL				
(Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$0	11.2	380,751
10	Emergency Medical Technician (EMT).....		12.0	\$312,261
11	Nurses.....		0.0	\$0
12	Payroll Taxes.....			\$55,414
13	Employee Benifits.....			\$93,333
14	Total.....		23.2	\$841,758
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		0.7	\$27,696
16	Mechanics.....		1.0	\$50,857
17	Office and Clerical.....		0.4	\$11,595
18	Other.....		0.6	\$24,227
19	Payroll Taxes.....			\$9,145
20	Employee Benifits.....			\$15,404
21	Total.....		2.7	\$138,924
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....		27.3	\$1,070,840

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
	Professional Services:		
01	Legal Fees	\$0	
02	Collection Fees	\$22,957	
03	Accounting and Auditing	\$4	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$9,042	
06	Total.....		\$32,002
	Travel and Entertainment:		
07	Meals and Entertainment.....	\$224	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$304	
10	Other:		
11	Total.....		\$528
	Other General and Administrative:		
12	Office Supplies.....	\$1,913	
13	Postage.....	\$1,202	
14	Telephone.....	\$10,902	
15	Advertising.....	\$107	
16	General Liability Insurance.....	(\$24,121)	
17	Dues and Subscriptions.....	\$1,857	
18 a	Other (Schedule Attached).....	\$15,518	
18 b	Other: Corporate Support Services.....	\$87,290	
19	Total.....		\$94,669
20	Total General and Administrative Expenses (To Page 2, Line 13).....		\$127,199

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$1,006
5.2	Management & Human Resources	\$3,167
5.3	Medical Direction	\$0
5.4	Other (did not fit any other line item)	\$4,869
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$9,042</u>

Other General and Administrative:		
18.a.1	Public Relations	\$27
18.a.2	Printing	\$1,981
18.a.3	Business Licenses & Misc Taxes	\$7,364
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$6,146
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$15,518</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$33,279	
02	Amortization.....	\$0	
03	Total.....		<u>\$33,279</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		<u>\$77,019</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$4,494	
06	Utilities.....	\$15,748	
07	Property Taxes.....	\$1,301	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$2,674	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$24,217</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$1,714	
13	Fuel.....	\$69,890	
14	General Vehicle Service & Maintenance.....	\$499	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$7,506	
17	Other: Tires	\$6,952	
18	Total.....		<u>\$86,562</u>
	Other Expenses:		
19	Dispatch.....	\$163	
20	Education / Training.....	\$405	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$6,698	
24	Minor Equipment - Not Capitalized.....	\$1,133	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$8,399</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$229,476</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02	N/A				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
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40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement	
03	Medicare Settlement	
04	Subscription Service Settlements	
05	Subscription Service Bad Debt	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs	
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$0
09	Other Revenue (Attach Schedule)	
10	Total Subscription Service Revenue	
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	
12	Payroll Taxes	
13	Employee Fringe Benefits	
14	Professional Services	
15	Contract Labor	
16	Travel	
17	Other General & Administrative Expenses	
18	Depreciation/Amortization	
19	Rent/Lease	
20	Building/Station Expenses	
21	Transportation-Vehicles	
22	Other (Not Classified Above and Misc)	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2,	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

OTHER OPERATING REVENUES AND EXPENSES

Line
No.

DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)		
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Interest Income and Miscellaneous Revenue	\$28,104	
10	Gain On Sale of Operating Property	501	
11	Other:		
12	Total Other Operating Revenues		\$28,605
Other Operating Expenses:			
13	(Loss) On Sale of Operating Property	\$0	
14	Other:		
15	Other:		
16	Total Other Operating Expenses		\$0
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$28,605

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE I DETAIL OF SALARIES / WAGES Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total			\$			\$					\$	N/A
													1
													2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE II DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:				
	Paramedic	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$0
02	Equipment Rental			100%							\$5,925
03											
04	Ambulances	Various	\$83,474	100%	\$83,474	SL	Various	\$0	\$11,623	\$57,334	
05	Accessorial Equipment	Various	\$12,700	100%	\$12,700	SL	Various	\$0	\$6,350	\$5,629	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$96,174		\$96,174				\$17,973		\$5,925

* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13
Ln 19, Col I

To Pg 13
Ln 19, Col K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND/OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$68,305
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$2,789
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$989		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$14,317		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$15,306		\$71,094
19	SUBTOTAL (from Pg 12 Ln 20)		\$96,174		\$96,174				\$17,973		\$5,925
20	SUM of Ln 18 and 19		\$96,174		\$96,174			\$0	\$33,279		\$77,019

To Pg 6, Ln 01

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
<u>Service Vehicles & Accessorial Equipment</u>						
01	Name of payee:	%	\$	\$	\$	\$
02						
03						
04						
<u>Communications Equipment</u>						
05	Name of Payee:	%	\$	\$	\$	\$
06						
07						
<u>Other Property & Equipment</u>						
08	Name of Payee:	%	\$	\$	\$	\$
09						
10						
<u>Working Capital</u>						
11	Name of Payee:	Various	In Corp Balances	\$	0	\$145,262
12	Various - See Audited Financials					
13						
<u>Other</u>						
14	Name of Payee:	%	\$	\$	\$	\$
15	TOTAL		N/A	N/A	0	\$145,262
						---- (To Pg 2, Cl 2, Ln 16) ----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS

Current assets:		
01	Cash and cash equivalents	\$ 48
02	Restricted cash	3
03	Accounts receivable, net	288
04	Inventories	13
05	Deferred tax assets, net	62
06	Prepaid expenses and other current assets	21
07	Total current assets	435
08	Property and equipment, net	132
09	Goodwill	286
10	Intangible assets, net	374
11	Deposits	80
12	Deferred tax assets, net	0
13	Other assets	12
14	Total assets	\$ 1,319

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$ 59
16	Accrued and other current liabilities	80
17	Deferred revenue	36
18	Deferred tax liabilities, net	0
19	Current portion of long-term debt	47
20	Total current liabilities	223
21	Long-term debt, net of current portion	704
22	Deferred tax liabilities, net	200
23	Other liabilities	76
24	Total liabilities	1,203
Stockholder's equity:		
Common stock, \$0.01 par value, 900 shares authorized,		
25	100 shares issued and outstanding	0
Preferred stock, \$0.01 par value, 100 shares authorized,		
26	zero shares issued and outstanding	0
27	Additional paid-in capital	205
28	Accumulated other comprehensive loss	(4)
29	Accumulated deficit	(84)
30	Total stockholder's equity	117
31	Total liabilities and stockholder's equity	\$ 1,319

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (84)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	57
03	Amortization of debt issuance costs	2
04	Accretion of interest on debt	8
05	Share-based compensation expense	0
06	Loss on sale of assets and property and equipment	1
07	Impairment of property and equipment, goodwill and intangible assets	4
Change in assets and liabilities:		
08	Accounts receivable, net	(120)
09	Inventories	1
10	Prepaid expenses and other current assets	6
11	Deposits	(0)
12	Other assets	3
13	Accounts payable	(8)
14	Accrued and other current liabilities	15
15	Deferred revenue	(1)
16	Other liabilities	13
17	Net cash used in operating activities	(103)
Cash flows from investing activities:		
18	Purchase of property and equipment	(44)
19	Proceeds from the sale/disposal of property and equipment	1
20	Decrease in restricted cash	24
21	Net cash used in investing activities	(18)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	43
23	Payments on capital leases	(1)
24	Reduction of Deposits related to Backstop Loan	1
25	Payments on Backstop Loan	(1)
26	Debt issuance costs	(6)
27	Proceeds received from Reorganized Parent's issuance of equity	46
28	Net cash provided by financing activities	81
29	Decrease in cash and cash equivalents	(41)
30	Cash and cash equivalents, beginning of period	89
31	Cash and cash equivalents, end of period	\$ 48

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Safford

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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